# CHAPTER 6 SECTION 3

## Non-Institutional Edit Requirements (ELN 145 - 164)

ELEMENT NAME: PATIENT COPAYMENT (2-14	5)	
V	ALIDITY EDITS	
2-145-01 MUST BE NUMERIC.		
Rela	ATIONAL EDITS	
Related To Element	Edited Element Relationship	Also Relates To Element(s)
SPONSOR STATUS	SEE BELOW	PROGRAM INDICATOR, TYPE OF SERVICE, ENROLLMENT STATUS, TYPE OF SUBMISSION, FILING DATE, OVERRIDE CODE, SPECIAL PROCESSING CODE
SPONSOR STATUS	SEE BELOW	SPECIAL PROCESSING CODE, TYPE OF SERVICE, PRINCIPAL TREATMENT DIAGNOSIS, ENROLLMENT STATUS, TYPE OF SUBMISSION, FILING DATE, OVERRIDE CODE, SPECIAL PROCESSING CODE
SPECIAL PROCESSING CODE	SEE BELOW	SPONSOR STATUS, TYPE OF SERVICE, PRINCIPAL TREATMENT DIAGNOSIS, AMOUNT ALLOWED BY PROCEDURE CODE, NUMBER OF SERVICES, ENROLLMENT STATUS, TYPE OF SUBMISSION, FILING DATE
TYPE OF SUBMISSION	SEE BELOW	FILING DATE, AMOUNT ALLOWED
SPECIAL RATE CODE	SEE BELOW	ENROLLMENT STATUS, PROGRAM INDICATOR, TYPE OF SUBMISSION, FILING DATE, AMOUNT ALLOWED, OVERRIDE CODE, SPECIAL PROCESSING CODE

<sup>&</sup>lt;sup>1</sup> SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!

ELEMENT NA	AME: PATIENT COPAYMENT (2-1	45) (	(CONTINUED)	
	PROGRAM INDICATOR		SEE BELOW	ENROLLMENT STATUS, TYPE OF SUBMISSION, FILING DATE, AMOUNT ALLOWED, OVERRIDE CODE, SPECIAL PROCESSING CODE
	SPECIAL PROCESSING CODE		SEE BELOW	TYPE OF SUBMISSION, FILING DATE
	OVERRIDE CODE		SEE BELOW	
	Edited Ei	LEMEI	nt Relationship	
NO ERROR	IF SPECIAL PROCESSING CODE =	MS	TRICARE-SENIOR	PRIME (NETWORK)
		MN	TRICARE-SENIOR	PRIME (NON-NETWORK)
-	BYPASS ALL COPAYMENT EDI	TING		
2-145-02R	PATIENT COPAYMENT MUST BE Z	ZERO	WHEN.	
	TYPE OF SUBMISSION =	D	COMPLETE CONT	TRACTOR DENIAL
2-145-03R	PATIENT COPAYMENT MUST BE Z	ZERO	WHEN	
	TYPE OF SUBMISSION =	С	COMPLETE CANO	CELLATION
	WITH FILING DATE WITHIN T DATABASE	HE N	IUMBER OF MONT	HS OF HCSRs STORED ON THE
	UNLESS THE CANCELLED HCSR REPO PATIENT COPAYMENT MUST I			D > ZERO, IN WHICH CASE
2-145-05R	PATIENT COPAYMENT MUST BE S	AMo	OUNT ALLOWED <b>V</b>	VHEN
	PROGRAM INDICATOR =	I	INSTITUTIONAL	
		N	NON-INSTITUTIO	NAL
		D	DRUG	
		T	DENTAL	
	ENROLLMENT STATUS =	S	CRI STANDARD P	ROGRAM
		J	MANAGED CARE STANDARD PROC	SUPPORT - HOMESTEAD GRAM
		M	MANAGED CARE STANDARD PROC	SUPPORT - CALIFORNIA/HAWAII GRAM
	<del>-</del>	Q	NEW ORLEANS S'	TANDARD PROGRAM
		F	FI STANDARD PR	OGRAM
		D	MANAGED CARE STANDARD PROC	SUPPORT - TRICARE-TIDEWATER GRAM
		Т	MANAGED CARE PROGRAM	SUPPORT - STANDARD
4				

<sup>&</sup>lt;sup>1</sup> SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!

ELEMENT N	IAME: PATIENT COPAYMENT (2-	145) (	(CONTINUED)
		Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
	TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
		R	RESUBMISSION OF ERROR REJECT
		О	ZERO PAYMENT
		F	ADJUSTMENT NEW SUFFIX
	OR		
	TYPE OF SUBMISSION =	A	ADJUSTMENT
		С	CANCELLATION WITH AMOUNT ALLOWED > ZERO
	WITH FILING DATE WITHIN DATABASE;	THE N	NUMBER OF MONTHS OF HCSRs STORED ON THE
	SPECIAL RATE CODE =	D	DISCOUNT RATE AGREEMENT
	NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
	NO OCCURRENCE OF SPECIAL PROCESSING CODE =	9	FORT DRUM
		О	CAMCHAS
		A	INTERNAL PARTNERSHIP
		S	RESOURCE SHARING
		#	HOSPICE
2-145-06R	PATIENT COPAYMENT MUST BI ZERO) WHEN	E ≤ AM(	OUNT ALLOWED (AND COINSURANCE MUST BE
	PROGRAM INDICATOR =	Н	PROGRAM FOR PERSONS WITH DISABILITIES
	ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
		J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
		M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM
		Q	NEW ORLEANS STANDARD PROGRAM
		F	FI STANDARD PROGRAM
		D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM
		Т	MANAGED CARE SUPPORT - STANDARD PROGRAM
		Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
	TYPE OF SUBMISSION =	I	INITIAL SUBMISSION

<sup>&</sup>lt;sup>1</sup> SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!

ELEMENT N	AME: PATIENT COPAYMENT (	2-145) (	(CONTINUED)
		R	RESUBMISSION OF ERROR REJECT
		О	ZERO PAYMENT
		F	ADJUSTMENT NEW SUFFIX
	OR		
	TYPE OF SUBMISSION =	A	ADJUSTMENT
		С	CANCELLATION WITH AMOUNT ALLOWED > ZERO
	WITH FILING DATE WITH DATABASE;	IN THE N	IUMBER OF MONTHS OF HCSRs STORED ON THE
	NO OCCURRENCE OF		
	OVERRIDE CODE =	K	CATASTROPHIC LOSS
	NO OCCURRENCE OF SPECIAL PROCESSING		
	CODE =	9	FORT DRUM
		О	CAMCHAS
		A	INTERNAL PARTNERSHIP
		S	RESOURCE SHARING
		#	HOSPICE
		MH	MENTAL HEALTH
2-145-07R	PATIENT COPAYMENT MUST	BE ZERO	WHEN
	ANY OCCURRENCE OF		
	SPECIAL PROCESSING CODE =	A	PARTNERSHIP PROGRAM, (INTERNAL PROVIDERS WITH SIGNED AGREEMENTS)
		#	HOSPICE
	-	S	RESOURCE SHARING
	TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
		R	RESUBMISSION OF ERROR REJECT
		О	ZERO PAYMENT
		F	ADJUSTMENT NEW SUFFIX
		D	COMPLETE DENIAL
	OR		
	TYPE OF SUBMISSION =	Α	ADJUSTMENT
		С	COMPLETE CANCELLATION
	WITH FILING DATE WITH DATABASE	IN THE N	IUMBER OF MONTHS OF HCSRs STORED ON THE
	ELSE TYPE OF SUBMISSION =	В	ADJUSTMENT NON-HCSR DATA

<sup>1</sup> SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!

		Е	CANCELLATION NON-HCSR DATA
	TYPE OF SUBMISSION =	A	ADJUSTMENT
		С	COMPLETE CANCELLATION
	WITH FILING DATE OLDER TH DATABASE	IAN I	NUMBER OF MONTHS OF HCSRS STORED ON THE
	THEN PATIENT COPAYMENT MUS	ST BE	≤ZERO.
	EDITS FOR FAMILY MEMBE	RS O	F ACTIVE DUTY SPONSORS.
-145-08R	PATIENT COPAYMENT MUST BE Z	ERO	WHEN
	SPONSOR STATUS =	A	ACTIVE DUTY
		P	TAMP DESIGNEE
		В	RECALLED ACTIVE DUTY
		E	MEPCOM ENLISTEE
		J	ACADEMY/OCS
		N	NATIONAL GUARD
		Q	PRISON/APPELLATE
		V	RESERVE
		T	FOREIGN MILITARY
	PROGRAM INDICATOR =	I	INSTITUTIONAL
		N	NON-INSTITUTIONAL
		D	DRUG
		T	DENTAL
	ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE <sup>1</sup> =	I	INPATIENT
		K	EMERGENCY ROOM COST SHARED AS INPATIENT
		О	OUTPATIENT
		M	MATERNITY OUTPATIENT, COST-SHARED AS INPATIENT
	AND PROVIDER MAJOR		
	SPECIALTY NOT =	ВС	BIRTHING CENTER
		O	OUTPATIENT
	ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
		J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
		M	MANAGED CARE SUPPORT - CALIFORNIA/HAWA STANDARD PROGRAM

<sup>&</sup>lt;sup>1</sup> SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!

MENT NAME: PATIENT COPAYMENT (2-1	45) (	CONTINUED)
	Q	NEW ORLEANS STANDARD PROGRAM
	F	FI STANDARD PROGRAM
	D	MANAGED CARE SUPPORT - TRICARE-TIDEWA STANDARD PROGRAM
	T	MANAGED CARE SUPPORT - STANDARD PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRASTANDARD
PATIENT RELATIONSHIP TO		
SPONSOR ≠	T H	FORMER SPOUSE
	H R	
	Y	
NO OCCURRENCE OF		
OVERRIDE CODE =	K	CATASTROPHIC LOSS
	U	BENEFICIARY INDEMNIFICATION PAYMENT
	V	ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN TRICARE EUROPE
NO OCCURRENCE OF		
SPECIAL PROCESSING CODE =	9	FORT DRUM
CODE -	 А	INTERNAL PARTNERSHIP
	0	CAMCHAS
	N	CHAMPUS SELECT
	6	HOME HEALTH CARE
	R	MEDICARE/TRICARE DUAL ENTITLEMENT
	S	RESOURCE SHARING
	*	VA MEDICAL CENTER CLAIM
	#	HOSPICE
	!	NORTHERN REGION COORDINATED CARE
	MH	MENTAL HEALTH
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	О	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
OR		
TYPE OF SUBMISSION =	Α	ADJUSTMENT
	С	CANCELLATION WITH AMOUNT ALLOWED > ZERO

<sup>&</sup>lt;sup>1</sup> SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!

Element Name: Patient Copayment (2-1	45) (	(CONTINUED)
WITH FILING DATE WITHIN T DATABASE	THE N	IUMBER OF MONTHS OF HCSRs STORED ON THE
ELSE		
TYPE OF SUBMISSION =	В	ADJUSTMENT NON-HCSR DATA
	Е	CANCELLATION OF NON-HCSR DATA
OR TYPE OF SUBMISSION =	A	ADJUSTMENT
	С	CANCELLATION
WITH FILING DATE OLDER TI DATABASE	HAN	NUMBER OF MONTHS OF HCSRs STORED ON THE
THEN PATIENT COPAYMENT MU	ST BE	C≤ZERO.
PATIENT COPAYMENT MUST BE	ZERO	WHEN
SPONSOR STATUS =	A	ACTIVE DUTY
	P	TAMP DESIGNEE
	В	RECALLED ACTIVE DUTY
	Е	MEPCOM ENLISTEE
	J	ACADEMY/OCS
	N	NATIONAL GUARD
	Q	PRISON/APPELLATE
	V	RESERVE
	Т	FOREIGN MILITARY
PROGRAM INDICATOR =	N	NON-INSTITUTIONAL
	D	DRUG
	T	DENTAL
ANY OCCURRENCE OF FIRST POSITION OF TYPE OF	_	
$SERVICE^1 =$	A	AMBULATORY SURGERY
ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
	Q	NEW ORLEANS STANDARD PROGRAM
	F	FI STANDARD PROGRAM
	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM
	T	MANAGED CARE SUPPORT - STANDARD PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM

<sup>1</sup> SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!

ELEMENT NAME: PATIENT COPAYMENT (2-145)	(CONTINUED)
M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM
PATIENT RELATIONSHIP TO SPONSOR ≠ T H R	
NO OCCURRENCE OF	
OVERRIDE CODE = K	
V	ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN TRICARE EUROPE
NO OCCURRENCE OF	
SPECIAL PROCESSING CODE = N	CHAMPUS SELECT
0	CAMCHAS
9	FORT DRUM
A	INTERNAL PARTNERSHIP
6	HOME HEALTH CARE
R	MEDICARE/TRICARE DUAL ENTITLEMENT
S	RESOURCE SHARING
#	HOSPICE
*	VA MEDICAL CENTER CLAIM
!	NORTHERN REGION COORDINATED CARE
M	H MENTAL HEALTH
TYPE OF SUBMISSION = I	INITIAL SUBMISSION
R	RESUBMISSION OF ERROR REJECT
0	ZERO PAYMENT
F	ADJUSTMENT NEW SUFFIX
$ \mathbf{OR} \\ \mathbf{TYPE} \mathbf{OF} \mathbf{SUBMISSION} = \mathbf{A} $	ADJUSTMENT
C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN THE DATABASE	NUMBER OF MONTHS OF HCSRs STORED ON THE
ELSE TYPE OF SUBMISSION = B	ADJUSTMENT NON-HCSR DATA
E	

<sup>&</sup>lt;sup>1</sup> SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!

ELEMENT N	IAME: PATIENT COPAYMENT (2-	145)	(CONTINUED)
	OR TYPE OF SUBMISSION =	Δ	ADJUSTMENT
	TITE OF BODINIBBION -		CANCELLATION
	WITH FILING DATE OF DEPT		NUMBER OF MONTHS OF HCSRs STORED ON THE
	DATABASE	IIAIN	NUMBER OF MONTHS OF TICSRS STORED ON THE
	THEN PATIENT COPAYMENT MU	JST B	E ≤ ZERO.
2-145-09R	•		\$25.00 (OR BETWEEN ZERO AND \$24.99, NOT TO DUNT ALLOWED < \$25.00) <b>WHEN</b>
	SPONSOR STATUS =	A	ACTIVE DUTY
		P	TAMP DESIGNEE
		В	RECALLED ACTIVE DUTY
		Е	MEPCOM ENLISTEE
		J	ACADEMY/OCS
		N	NATIONAL GUARD
		Q	PRISON/APPELLATE
		V	RESERVE
		Т	FOREIGN MILITARY
	PATIENT RELATIONSHIP TO SPONSOR ≠	T H R Y	FORMER SPOUSE
	PROGRAM INDICATOR =	I	INSTITUTIONAL
	ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
	-	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
		M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAI STANDARD PROGRAM
		Q	NEW ORLEANS STANDARD PROGRAM
		F	FI STANDARD PROGRAM
		D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM
		Т	MANAGED CARE SUPPORT - STANDARD PROGRAM
		Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
	ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE <sup>1</sup> =		AMBULATORY SURGERY, COST-SHARED AS INPATIENT

<sup>&</sup>lt;sup>1</sup> SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!

	M	MATERNITY OUTPATIENT, COST-SHARED AS INPATIENT
_	О	OUTPATIENT
AND		
PROVIDER MAJOR SPECIALTY =	ВС	BIRTHING CENTER
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
	U	BENEFICIARY INDEMNIFICATION PAYMENT
_	V	ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN TRICARE EUROPE
NO OCCURRENCE OF SPECIAL PROCESSING		
CODE =	9	FORT DRUM
	6	HOME HEALTH CARE
	О	CAMCHAS
	A	INTERNAL PARTNERSHIP
	N	CHAMPUS SELECT
_	R	MEDICARE/TRICARE DUAL ENTITLEMENT
_	S	RESOURCE SHARING
_	*	VA MEDICAL CENTER CLAIM
	#	HOSPICE
	!	NORTHERN REGION COORDINATED CARE
	MH	MENTAL HEALTH
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
_	R	RESUBMISSION OF ERROR REJECT
	0	ZERO PAYMENT
-	F	ADJUSTMENT NEW SUFFIX
OR		
TYPE OF SUBMISSION =	Α	ADJUSTMENT
	С	CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN DATABASE.	THE N	UMBER OF MONTHS OF HCSRs STORED ON THE
		ND THEIR FAMILY MEMBERS, AND FAMILY ORS, (OR FORMER SPOUSE).
PATIENT COPAYMENT MUST =	ZERO V	VHEN
SPONSOR STATUS =	F	FORMER MEMBER
	PROVIDER MAJOR SPECIALTY =  NO OCCURRENCE OF OVERRIDE CODE =  NO OCCURRENCE OF SPECIAL PROCESSING CODE =  TYPE OF SUBMISSION =  WITH FILING DATE WITHIN DATABASE.  • EDIT FOR RETIRED SPON MEMBERS OF DECEASED PATIENT COPAYMENT MUST =	AND PROVIDER MAJOR SPECIALTY = BC  NO OCCURRENCE OF OVERRIDE CODE = K  U  V  NO OCCURRENCE OF SPECIAL PROCESSING CODE = 9  6  O  A  N  R  S  *  #  TYPE OF SUBMISSION = I  R  OR TYPE OF SUBMISSION = A  C  WITH FILING DATE WITHIN THE N DATABASE.  • EDIT FOR RETIRED SPONSORS A MEMBERS OF DECEASED SPONS  PATIENT COPAYMENT MUST = ZERO V

SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!

ELEMENT NAME: PATIENT COPAYMENT (2-14	45) (	(CONTINUED)
	I	PERMANENTLY DISABLED
	О	TEMPORARILY DISABLED
	R	RETIRED
	K	DECEASED
	D	100% DISABLED
	W	TITLE III RETIREE
PATIENT RELATIONSHIP TO		
SPONSOR =	T	FORMER SPOUSE
	H R	
	Y	
ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
	J	MANAGED CARE SUPPORT - HOMESTEAD
		STANDARD PROGRAM
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAI
		STANDARD PROGRAM
	Q	NEW ORLEANS STANDARD PROGRAM
	F	FI STANDARD PROGRAM
	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM
	Т	MANAGED CARE SUPPORT - STANDARD PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
NO OCCURRENCE OF		
OVERRIDE CODE =	K	CATASTROPHIC LOSS
	U	BENEFICIARY INDEMNIFICATION PAYMENT
NO OCCURRENCE OF		
SPECIAL PROCESSING CODE =	9	FORT DRUM
0022	0	CAMCHAS
	A	INTERNAL PARTNERSHIP
	N	CHAMPUS SELECT
	6	HOME HEALTH CARE
	R	MEDICARE/TRICARE DUAL ENTITLEMENT
	S	RESOURCE SHARING
	*	VA MEDICAL CENTER CLAIM
	#	HOSPICE
		- · - <del></del>

<sup>1</sup> SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!

	NAME: PATIENT COPAYMENT (2-14		INITERAL CLIDATICCIONI
	TYPE OF SUBMISSION =	I	
		R	RESUBMISSION OF ERROR REJECT
		O	ZERO PAYMENT
		F	ADJUSTMENT NEW SUFFIX
	OR		
	TYPE OF SUBMISSION =	A	ADJUSTMENT
		С	CANCELLATION WITH AMOUNT ALLOWED > ZERO
	WITH FILING DATE WITHIN T DATABASE	HE N	NUMBER OF MONTHS OF HCSRs STORED ON THE
	ELSE TYPE OF SUBMISSION =	В	ADJUSTMENT NON-HCSR DATA
		Е	CANCELLATION NON-HCSR DATA
	OR		
	TYPE OF SUBMISSION =	A	ADJUSTMENT
		С	COMPLETE CANCELLATION
	WITH FILING DATE OLDER TH THE DATABASE	IAN	THE NUMBER OF MONTHS OF HCSRs STORED ON
	THEN PATIENT COPAYMENT MUS	ST BI	$\Xi \leq ZERO.$
	EDITS FOR FORT DRUM SPE		
2-145-14R	• EDITS FOR FORT DRUM SPE PATIENT COPAYMENT MUST = ZE	ECIA ERO V	L PROCESSING.
2-145-14R	• EDITS FOR FORT DRUM SPE PATIENT COPAYMENT MUST = ZE SPONSOR STATUS = ANY VALUE	ECIA ERO V	L PROCESSING. WHEN
2-145-14R	• EDITS FOR FORT DRUM SPE PATIENT COPAYMENT MUST = ZE SPONSOR STATUS = ANY VALU RETIRED <b>OR</b> DECEASED; SPECIAL PROCESSING	ECIA ERO V UE L	L PROCESSING.  WHEN ISTED UNDER ACTIVE DUTY, TAMP DESIGNEE,
2-145-14R	• EDITS FOR FORT DRUM SPE PATIENT COPAYMENT MUST = ZE SPONSOR STATUS = ANY VALU RETIRED OR DECEASED; SPECIAL PROCESSING CODE = PROVIDER PARTICIPATION	ECIA ERO V UE L	L PROCESSING.  WHEN ISTED UNDER ACTIVE DUTY, TAMP DESIGNEE,  FT DRUM DEMONSTRATION
2-145-14R	• EDITS FOR FORT DRUM SPE PATIENT COPAYMENT MUST = ZE SPONSOR STATUS = ANY VALUA RETIRED OR DECEASED; SPECIAL PROCESSING CODE = PROVIDER PARTICIPATION INDICATOR =	ECIA ERO V UE L	L PROCESSING.  WHEN ISTED UNDER ACTIVE DUTY, TAMP DESIGNEE,  FT DRUM DEMONSTRATION  YES  CRI STANDARD PROGRAM
2-145-14R	• EDITS FOR FORT DRUM SPE PATIENT COPAYMENT MUST = ZE SPONSOR STATUS = ANY VALUA RETIRED OR DECEASED; SPECIAL PROCESSING CODE = PROVIDER PARTICIPATION INDICATOR =	ECIA ERO V UE L 9 Y S	L PROCESSING.  WHEN ISTED UNDER ACTIVE DUTY, TAMP DESIGNEE,  FT DRUM DEMONSTRATION  YES
2-145-14R	EDITS FOR FORT DRUM SPE  PATIENT COPAYMENT MUST = ZE     SPONSOR STATUS = ANY VALUE RETIRED OR DECEASED;  SPECIAL PROCESSING     CODE =  PROVIDER PARTICIPATION     INDICATOR =  ENROLLMENT STATUS =	ECIA ERO V UE L  9 Y S Q	L PROCESSING.  WHEN ISTED UNDER ACTIVE DUTY, TAMP DESIGNEE,  FT DRUM DEMONSTRATION  YES  CRI STANDARD PROGRAM  NEW ORLEANS STANDARD PROGRAM
2-145-14R	EDITS FOR FORT DRUM SPE  PATIENT COPAYMENT MUST = ZE     SPONSOR STATUS = ANY VALUE RETIRED OR DECEASED;  SPECIAL PROCESSING CODE =  PROVIDER PARTICIPATION INDICATOR =  ENROLLMENT STATUS =	ECIA ERO V UE L  9 Y S Q	L PROCESSING.  WHEN ISTED UNDER ACTIVE DUTY, TAMP DESIGNEE,  FT DRUM DEMONSTRATION  YES  CRI STANDARD PROGRAM  NEW ORLEANS STANDARD PROGRAM
2-145-14R	EDITS FOR FORT DRUM SPE  PATIENT COPAYMENT MUST = ZE     SPONSOR STATUS = ANY VALUE RETIRED OR DECEASED;  SPECIAL PROCESSING CODE =  PROVIDER PARTICIPATION INDICATOR =  ENROLLMENT STATUS =  ANY OCCURRENCE OF FIRST POSITION OF TYPE OF	9 Y S Q F	L PROCESSING.  WHEN ISTED UNDER ACTIVE DUTY, TAMP DESIGNEE,  FT DRUM DEMONSTRATION  YES  CRI STANDARD PROGRAM  NEW ORLEANS STANDARD PROGRAM  FI STANDARD PROGRAM
2-145-14R	• EDITS FOR FORT DRUM SPE  PATIENT COPAYMENT MUST = ZE SPONSOR STATUS = ANY VALUE RETIRED OR DECEASED;  SPECIAL PROCESSING CODE =  PROVIDER PARTICIPATION INDICATOR =  ENROLLMENT STATUS =  ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE =	9 Y S Q F	L PROCESSING.  WHEN ISTED UNDER ACTIVE DUTY, TAMP DESIGNEE,  FT DRUM DEMONSTRATION  YES  CRI STANDARD PROGRAM  NEW ORLEANS STANDARD PROGRAM  FI STANDARD PROGRAM  OUTPATIENT  AMBULATORY SURGERY COST-SHARED AS
2-145-14R	• EDITS FOR FORT DRUM SPE  PATIENT COPAYMENT MUST = ZE SPONSOR STATUS = ANY VALUE RETIRED OR DECEASED;  SPECIAL PROCESSING CODE =  PROVIDER PARTICIPATION INDICATOR =  ENROLLMENT STATUS =  ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE =	9 Y S Q F	L PROCESSING.  WHEN ISTED UNDER ACTIVE DUTY, TAMP DESIGNEE,  FT DRUM DEMONSTRATION  YES  CRI STANDARD PROGRAM  NEW ORLEANS STANDARD PROGRAM  FI STANDARD PROGRAM  OUTPATIENT  AMBULATORY SURGERY COST-SHARED AS INPATIENT
2-145-14R	EDITS FOR FORT DRUM SPE  PATIENT COPAYMENT MUST = ZE     SPONSOR STATUS = ANY VALUE RETIRED OR DECEASED;  SPECIAL PROCESSING CODE =  PROVIDER PARTICIPATION INDICATOR =  ENROLLMENT STATUS =  ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE =  PRINCIPAL TREATMENT DIAGRAM	9 Y S Q F	L PROCESSING.  WHEN ISTED UNDER ACTIVE DUTY, TAMP DESIGNEE,  FT DRUM DEMONSTRATION  YES  CRI STANDARD PROGRAM  NEW ORLEANS STANDARD PROGRAM  FI STANDARD PROGRAM  OUTPATIENT  AMBULATORY SURGERY COST-SHARED AS INPATIENT  SIS ≠ 290-316 (MENTAL HEALTH)

<sup>&</sup>lt;sup>1</sup> SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!

EMENT N	IAME: PATIENT COPAYMENT (2-	145)	(CONTINUED)		
		F	ADJUSTMENT NEW SUFFIX		
	OR TYPE OF SUBMISSION =	A	ADJUSTMENT		
		С	CANCELLATION WITH AMOUNT ALLOWED > ZERO		
	WITH FILING DATE WITHIN DATABASE	THE N	NUMBER OF MONTHS OF HCSRs STORED ON THE		
	ELSE TYPE OF SUBMISSION =	В	ADJUSTMENT NON-HCSR DATA		
		E	CANCELLATION NON-HCSR DATA		
	OR TYPE OF SUBMISSION =	A	ADJUSTMENT		
		С	CANCELLATION		
	WITH FILING DATE OLDER 'DATABASE	THAN	NUMBER OF MONTHS OF HCSRs STORED ON THE		
	THEN PATIENT COPAYMENT MUST BE ≤ ZERO.				
-145-15R			TIMES NUMBER OF SERVICES (WHERE AMOUNT ERO FOR DETAIL OCCURRENCE) <b>WHEN</b>		
	SPONSOR STATUS =		VALUE LISTED UNDER ACTIVE DUTY, TAMP GNEE, RETIRED <b>OR</b> DECEASED;		
	SPECIAL PROCESSING CODE =	9	FT DRUM DEMONSTRATION		
	PROVIDER PARTICIPATION INDICATOR =	Y	YES		
	ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM		
		Q	NEW ORLEANS STANDARD PROGRAM		
		F	FI STANDARD PROGRAM		
	PRINCIPAL TREATMENT DIA	AGNOS	SIS = 290 - 316 (MENTAL HEALTH);		
	ANY OCCURRENCE OF FIRS POSITION OF TYPE OF	T			
	SERVICE <sup>1</sup> =	O	OUTPATIENT		
		A	AMBULATORY SURGERY COST-SHARED AS INPATIENT		
	TYPE OF SUBMISSION =	I	INITIAL SUBMISSION		
		R	RESUBMISSION OF ERROR REJECT		
		О	ZERO PAYMENT		
		F	ADJUSTMENT NEW SUFFIX		
	OR TYPE OF SUBMISSION =	A	ADJUSTMENT		

<sup>&</sup>lt;sup>1</sup> SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!

ELEMENT N	JAME:	PATIENT COPAYMENT (2-14	<b>15)</b> (	(CONTINUED)
			С	CANCELLATION WITH AMOUNT ALLOWED > ZERO
		TTH FILING DATE WITHIN T ATABASE.	HE N	JUMBER OF MONTHS OF HCSRs STORED ON THE
	•	EDIT FOR ARMY CAM DEM SPONSOR.	ONS	TRATIONS, FAMILY MEMBERS OF ACTIVE DUTY
2-145-16R	SERV			ACTIVE DUTY DAILY RATE TIMES THE NUMBER OF ED BY PROCEDURE CODE ≠ ZERO FOR DETAIL
	SI	PONSOR STATUS =	A	ACTIVE DUTY
		-	P	TAMP DESIGNEE
			В	RECALLED ACTIVE DUTY
			E	MEPCOM ENLISTEE
			J	ACADEMY/OSC
-			N	NATIONAL GUARD
-	<u> </u>		Q	PRISON/APPELLATE
			V	RESERVE
-			T	FOREIGN MILITARY
		ATIENT RELATIONSHIP TO PONSOR ≠	T H R Y	FORMER SPOUSE
	Pl	ROGRAM INDICATOR =	I	INSTITUTIONAL
		-	N	NON-INSTITUTIONAL
	P	NY OCCURRENCE OF FIRST OSITION OF TYPE OF ERVICE <sup>1</sup> =	P	PARTIAL PSYCHIATRIC OUTPATIENT
	El	NROLLMENT STATUS =	S	CRI STANDARD PROGRAM
			Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
		•	Q	NEW ORLEANS STANDARD PROGRAM
			F	FI STANDARD PROGRAM
-	PROC	CEDURE CODE = '92891', '9289	2', '9	2893', '92898', <b>OR</b> '92899'
-	T	YPE OF SUBMISSION =	I	INITIAL SUBMISSION
-			R	RESUBMISSION OF ERROR REJECT
-		-	О	ZERO PAYMENT
			F	ADJUSTMENT NEW SUFFIX

<sup>&</sup>lt;sup>1</sup> SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!

-LEIVIEINI IN	IAME: PATIENT COPAYMENT (2-1	145) (	CONTINUED)		
	OR TURN OF SURVINING SOLVE		AD WARE TO BE		
	TYPE OF SUBMISSION =	A	ADJUSTMENT OR		
		С	CANCELLATION WITH AMOUNT ALLOWED > ZERO		
	WITH FILING DATE WITHIN' DATABASE	THE N	UMBER OF MONTHS OF HCSRs STORED ON THE		
	NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS OR		
		U	BENEFICIARY INDEMNIFICATION PAYMENT OR		
		V	ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN TRICARE EUROPE		
	NO OCCURRENCE OF SPECIAL PROCESSING				
	CODE =	9	FORT DRUM OR		
		A	INTERNAL PARTNERSHIP OR		
		N	CHAMPUS SELECT OR		
		R	MEDICARE/TRICARE DUAL ENTITLEMENT OR		
		S	RESOURCE SHARING OR		
		#	HOSPICE OR		
		MH	MENTAL HEALTH		
2-145-17R	IF FIRST POSITION OF TYPE OF SERVICE <sup>1</sup> =	С	AF CAM PRIMARY/PREVENTIVE CARE		
	AND SPECIAL PROCESSING CODE =	I	BERGSTROM AFB CATCHMENT AREA OR		
		J	LUKE/WILLIAMS AFB CATCHMENT AREA		
	THEN PATIENT COPAYMENT MUST = ZERO.				
	EDIT FOR CHAMPUS SELE	CT.			
2-145-18R	PATIENT COPAYMENT MUST = Z	ERO V	VHEN		
	ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	N	CHAMPUS SELECT		
	UNLESS ENROLLMENT STAT	US = 'I	H'		
2-145-19R	PATIENT COPAYMENT MUST = Z	ERO V	VHEN		
	SPONSOR STATUS = ANY VALUE	LISTE	D UNDER ACTIVE DUTY		
	ANY OCCURRENCE OF SPECIAL PROCESSING				
	CODE =	AD	ACTIVE DUTY OR		
		AN	SUPPLEMENTAL HEALTH CARE PROGRAM - NO MTF-REFERRED CARE <b>OR</b>		

<sup>&</sup>lt;sup>1</sup> SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!

ELEMENT NAME:	PATIENT COPAYMENT (2-145) (	CONTINUED)
	AR	SUPPLEMENTAL HEALTH CARE PROGRAM - REFERRED CARE OR
	CE	SUPPLEMENTAL HEALTH CARE PROGRAM - COMPREHENSIVE CLINICAL EVALUATION PROGRAM <b>OR</b>
	GU	ACTIVE DUTY SERVICE MEMBER ENROLLED IN TRICARE PRIME REMOTE: NOT AT RISK PAYMENT BY CONTRACTOR <b>OR</b>
	SC	SUPPLEMENTAL HEATLH CARE PROGRAM - NON-TRICARE ELIGIBLE <b>OR</b>
	SE	SUPPLEMENTAL HEALTH CARE PROGRAM - TRICARE ELIGIBLE <b>OR</b>
	SM	SUPPLEMENTAL HEALTH CARE PROGRAM - EMERGENCY

<sup>&</sup>lt;sup>1</sup> SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!

#### ELEMENT NAME: AMOUNT APPLIED TOWARD DEDUCTIBLE (2-150) **VALIDITY EDITS** MUST BE NUMERIC. 2-150-01 **RELATIONAL EDITS EDITED ELEMENT RELATED TO ELEMENT** ALSO RELATES TO ELEMENT(S) **RELATIONSHIP** TYPE OF SERVICE SEE BELOW ENROLLMENT STATUS, SPONSOR STATUS, TYPE OF SUBMISSION, FILING DATE TYPE OF SERVICE SEE BELOW ENROLLMENT STATUS, TYPE OF SUBMISSION, FILING DATE PROGRAM INDICATOR SEE BELOW ENROLLMENT STATUS, TYPE OF SUBMISSION. FILING DATE TYPE OF SUBMISSION **SEE BELOW** AMOUNT ALLOWED, FILING **DATE** TYPE OF SUBMISSION, FILING SPECIAL PROCESSING CODE SEE BELOW DATE OVERRIDE CODE **SEE BELOW EDITED ELEMENT RELATIONSHIP** 2-150-02R AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ZERO WHEN TYPE OF SUBMISSION = D COMPLETE CONTRACTOR DENIAL 2-150-03R AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ZERO WHEN TYPE OF SUBMISSION = C COMPLETE CANCELLATION WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE. UNLESS THE CANCELLED HCSR REPORTS AMOUNT ALLOWED > ZERO, IN WHICH CASE AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ≥ ZERO. 2-150-05R AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ZERO WHEN ENROLLMENT STATUS = FI STANDARD PROGRAM MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM MANAGED CARE SUPPORT - HOMESTEAD J STANDARD PROGRAM MANAGED CARE SUPPORT - CALIFORNIA/HAWAII

S

STANDARD PROGRAM

CRI STANDARD PROGRAM

Q NEW ORLEANS STANDARD PROGRAM

<sup>&</sup>lt;sup>1</sup> SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. AMOUNT APPLIED TOWARD DEDUCTIBLE CANNOT BE EDITED HERE IF THAT EDIT FAILS.

ELEMENT NA	AME: AMOUNT APPLIED TOWAR	D <b>D</b> ED	UCTIBLE (2-150) (CONTINUED)		
		Т	MANAGED CARE SUPPORT - STANDARD PROGRAM		
	TYPE OF SERVICE <sup>1</sup> FOR ANY				
	DETAIL OCCURRENCE =	I	INPATIENT (FIRST BYTE)		
		K	EMERGENCY ROOM ADMISSION		
		M	MATERNITY OUTPATIENT COST-SHARE AS INPATIENT (FIRST BYTE)		
		P	PARTIAL PSYCHIATRIC HOSPITALIZATION CARE COST SHARED AS INPATIENT		
	TYPE OF SUBMISSION =	I	INITIAL SUBMISSION(		
		R	RESUBMISSION OF ERROR REJECT		
		О	ZERO PAYMENT		
		F	ADJUSTMENT NEW SUFFIX		
		D	COMPLETE DENIAL		
	OR				
	TYPE OF SUBMISSION =	A	ADJUSTMENT		
		C	COMPLETE CANCELLATION		
	WITH FILING DATE WITHIN DATABASE	THE N	NUMBER OF MONTHS OF HCSRs STORED ON THE		
	ELSE				
	TYPE OF SUBMISSION =	В	ADJUSTMENT NON-HCSR DATA		
		Е	CANCELLATION NON-HCSR DATA		
	OR TYPE OF SUBMISSION =	A	ADJUSTMENT		
		С	COMPLETE CANCELLATION		
	WITH FILING DATE OLDER THAN NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE				
	THEN AMOUNT APPLIED TOWA	ARD D	EDUCTIBLE MUST BE≤ZERO.		
2-150-06R	AMOUNT APPLIED TOWARD DE	EDUCT	TIBLE MUST BE ZERO WHEN		
	ENROLLMENT STATUS =	F	FI STANDARD PROGRAM		
		D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM		
		J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM		
		M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM		
		Q	NEW ORLEANS STANDARD PROGRAM		

<sup>&</sup>lt;sup>1</sup> SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. AMOUNT APPLIED TOWARD DEDUCTIBLE CANNOT BE EDITED HERE IF THAT EDIT FAILS.

ELEMENT N	IAME: AMOUNT APPLIED TOWAR	DED	UCTIBLE (2-150) (CONTINUED)		
		Т	MANAGED CARE SUPPORT - STANDARD PROGRAM		
	PROGRAM INDICATOR =	Н	PFPWD		
	TYPE OF SUBMISSION =	I	INITIAL SUBMISSION		
		R	RESUBMISSION OF ERROR REJECT		
		О	ZERO PAYMENT		
		F	ADJUSTMENT NEW SUFFIX		
		D	COMPLETE DENIAL		
	OR TYPE OF SUBMISSION =	A	ADJUSTMENT		
		С	COMPLETE CANCELLATION		
	WITH FILING DATE WITHIN DATABASE)	THE N	NUMBER OF MONTHS OF HCSRS STORED ON THE		
	ELSE TYPE OF SUBMISSION =	В	ADJUSTMENT NON-HCSR DATA		
		E	CANCELLATION NON-HCSR DATA		
	OR TYPE OF SUBMISSION =	A	ADJUSTMENT		
		C	COMPLETE CANCELLATION		
	WITH FILING DATE OLDER THAN NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE)				
	THEN AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ≤ ZERO.				
-150-07R	AMOUNT APPLIED TOWARD DEDUCTIBLE MUST = ZERO WHEN				
	ANY OCCURRENCE OF				
	SPECIAL PROCESSING CODE =	A	PARTNERSHIP PROGRAM (INTERNAL PROVIDERS WITH SIGNED AGREEMENTS)		
		S	RESOURCE SHARING		
	TYPE OF SUBMISSION =	I	INITIAL SUBMISSION		
		R	RESUBMISSION OF ERROR REJECT		
		О	ZERO PAYMENT		
		F	ADJUSTMENT NEW SUFFIX		
		D	COMPLETE DENIAL		
	OR TYPE OF SUBMISSION =	A	ADJUSTMENT		
		С	COMPLETE CANCELLATION		
	WITH FILING DATE WITHIN DATABASE	THE N	NUMBER OF MONTHS OF HCSRs STORED ON THE		

DATABASE

Type of Service four 2 225 020 first document of type of Service Must be

SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. AMOUNT APPLIED TOWARD DEDUCTIBLE CANNOT BE EDITED HERE IF THAT EDIT FAILS.

ELEMENT N	JAME: AMOUNT APPLIED TOWAR	RD <b>D</b> ED	UCTIBLE (2-150) (CONTINUED)
	ELSE		
	TYPE OF SUBMISSION =	B	ADJUSTMENT NON-HCSR DATA
		E	CANCELLATION NON-HCSR DATA
	OR TYPE OF SUBMISSION =	۸	ADJUSTMENT
	1 TPE OF SUBMISSION =	A	COMPLETE CANCELLATION
		C	
	DATABASE)	THAN	NUMBER OF MONTHS OF HCSRs STORED ON THE
	THEN AMOUNT APPLIED TOW	ARD D	EDUCTIBLE MUST BE ≤ ZERO.
2-150-08R	AMOUNT APPLIED TOWARD D	EDUCT	TIBLE MUST BE ZERO WHEN
	ENROLLMENT STATUS =	F	FI STANDARD PROGRAM
		D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM
		J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
		M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAI STANDARD PROGRAM
		Q	NEW ORLEANS STANDARD PROGRAM
		S	CRI STANDARD PROGRAM
		Т	MANAGED CARE SUPPORT - STANDARD PROGRAM
	SPONSOR STATUS =	A	ACTIVE DUTY
		P	TAMP DESIGNEE
		В	RECALLED ACTIVE DUTY
		E	MEPCOM ENLISTEE
			ACADEMY/OCS
	<u> </u>	N	NATIONAL GUARD
		Q	PRISON/APPELLATE
	<u></u>	V	RESERVE
			FOREIGN MILITARY
	TYPE OF SERVICE <sup>1</sup> FOR ANY	7	
	DETAIL OCCURRENCE =	A	AMBULATORY SURGERY (FIRST BYTE)
	TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
		R	RESUBMISSION OF ERROR REJECT
		0	ZERO PAYMENT
		F	ADJUSTMENT NEW SUFFIX
		D	COMPLETE DENIAL

<sup>1</sup> SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. AMOUNT APPLIED TOWARD DEDUCTIBLE CANNOT BE EDITED HERE IF THAT EDIT FAILS.

Element <b>N</b>	AMOUNT APPLIED TOWARD	DED	UCTIBLE (2-150) (CONTINUED)
	OR		
	TYPE OF SUBMISSION =	A	ADJUSTMENT
		С	COMPLETE CANCELLATION
	WITH FILING DATE WITHIN T DATABASE	HE N	NUMBER OF MONTHS OF HCSRs STORED ON THE
	ELSE TYPE OF SUBMISSION =	В	ADJUSTMENT NON-HCSR DATA
		Е	CANCELLATION NON-HCSR DATA
	OR		
	TYPE OF SUBMISSION =	A	ADJUSTMENT
		С	COMPLETE CANCELLATION
	WITH FILING DATE OLDER TH DATABASE	IAN	NUMBER OF MONTHS OF HCSRs STORED ON THE
	THEN AMOUNT APPLIED TOWAR	D D	EDUCTIBLE MUST BE ≤ ZERO.
2-150-09R	AMOUNT APPLIED TOWARD DED	UCI	TIBLE MUST BE ZERO WHEN
	ENROLLMENT STATUS =	F	FI STANDARD PROGRAM
		Q	NEW ORLEANS STANDARD PROGRAM
		S	CRI STANDARD PROGRAM
		Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
	ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	F G	ARMY CAM DEMONSTRATIONS
	TYPE OF SERVICE <sup>1</sup> FOR ANY		OVERNATIVE (VERSIT NUTE)
	DETAIL OCCURRENCE =	О	OUTPATIENT (FIRST BYTE)
	TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
		R	RESUBMISSION OF ERROR REJECT
		О	ZERO PAYMENT
		F	ADJUSTMENT NEW SUFFIX
		D	COMPLETE DENIAL
	OR TYPE OF SUBMISSION =	A	ADJUSTMENT
		С	COMPLETE CANCELLATION
	WITH FILING DATE WITHIN T DATABASE	HE N	NUMBER OF MONTHS OF HCSRs STORED ON THE
	ELSE TYPE OF SUBMISSION =	В	ADJUSTMENT NON-HCSR DATA
		Е	CANCELLATION NON-HCSR DATA

<sup>1</sup> SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. AMOUNT APPLIED TOWARD DEDUCTIBLE CANNOT BE EDITED HERE IF THAT EDIT FAILS.

ELEMENT N	IAME: AMOUNT APPLIED TOWARD [	DED	UCTIBLE (2-150) (CONTINUED)
	OR TYPE OF SUBMISSION =	A	ADJUSTMENT OR
		С	COMPLETE CANCELLATION
	WITH FILING DATE OLDER THA DATABASE	AN I	NUMBER OF MONTHS OF HCSRs STORED ON THE
	THEN AMOUNT APPLIED TOWARI	D DI	EDUCTIBLE MUST BE≤ZERO.
2-150-10R	AMOUNT APPLIED TOWARD DEDU	JCT	IBLE MUST BE ZERO WHEN
	ANY OCCURRENCE OF OVERRIDE CODE =	U	BENEFICIARY INDEMNIFICATION PAYMENT
2-150-11R	AMOUNT APPLIED TOWARD DEDU	JCT	IBLE MUST = ZERO WHEN
	SPECIAL PROCESSING CODE =	I	BERGSTROM AFB CATCHMENT AREA <b>OR</b>
		J	LUKE/WILLIAMS AFB CATCHMENT AREA OR
		AD	ACTIVE DUTY <b>OR</b>
		AN	SUPPLEMENTAL HEALTH CARE PROGRAM - NONMTF-REFERRED CARE $\mathbf{OR}$
		AR	SUPPLEMENTAL HEALTH CARE PROGRAM - REFERRED CARE OR
		CE	SUPPLEMENTAL HEALTH CARE PROGRAM - COMPREHENSIVE CLINICAL EVALUATION PROGRAM <b>OR</b>
		GU	ACTIVE DUTY SERVICE MEMBER ENROLLED IN TRICARE PRIME REMOTE: NOT AT RISK PAYMENT BY CONTRACTOR. OR
		MS	TRICARE SENIOR PRIME (NETWORK) OR
	]	MN	TRICARE SENIOR PRIME (NON-NETWORK) OR
		SC	SUPPLEMENTAL HEALTH CARE PROGRAM - NONTRICARE ELIGIBLE <b>OR</b>
		SE	SUPPLEMENTAL HEALTH CARE PROGRAM - TRICARE ELIGIBLE <b>OR</b>
		SM	SUPPLEMENTAL HEALTH CARE PROGRAM - EMERGENCY

<sup>1</sup> SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. AMOUNT APPLIED TOWARD DEDUCTIBLE CANNOT BE EDITED HERE IF THAT EDIT FAILS.

### ELEMENT NAME: AMOUNT PAID BY GOVERNMENT CONTRACTOR (2-155)

#### **VALIDITY EDITS**

**2-155-01** MUST BE NUMERIC.

Relatio	RELATIONAL EDITS				
Related To Element	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)			
AMOUNT ALLOWED	SEE BELOW	TYPE OF SUBMISSION, FILING DATE			
SPECIAL RATE CODE	SEE BELOW	TYPE OF SUBMISSION, PROGRAM INDICATOR, ENROLLMENT STATUS, AMOUNT PAID BY OHI, AMOUNT OF TPL, FILING DATE			
AMOUNT OF PAYMENT REDUCTION	SEE BELOW	REASON FOR PAYMENT REDUCTION, NUMBER OF PAYMENT REDUCTION DAYS/ SERVICES			
TYPE OF SUBMISSION	SEE BELOW	FILING DATE			
TYPE OF SUBMISSION	SEE BELOW	REASON FOR ADJUSTMENT, FILING DATE			
ENROLLMENT STATUS	SEE BELOW	PROGRAM INDICATOR, AMOUNT PAID BY OHI, AMOUNT OF TPL, TYPE OF SUBMISSION			
AMOUNT ALLOWED BY OTHER HEALTH INSURANCE	SEE BELOW				

	EDITED ELEMENT RELATIONSHIP			
NO ERROR	IF SPECIAL PROCESSING CODE =	MS	TRICARE-SENIOR PRIME (NETWORK)	
		MN	TRICARE-SENIOR PRIME (NON-NETWORK)	
	THEN BYPASS ALL AMOUNT I	PAID	BY GOVERNMENT CONTRACTOR EDITING	
2-155-02R	AMOUNT PAID BY GOVERNMENT	Г СО	NTRACTOR MUST EQUAL ZERO WHEN	
	TYPE OF SUBMISSION IS =	D	COMPLETE CONTRACTOR DENIAL OR	
		О	ZERO PAYMENT OR	
		С	COMPLETE CANCELLATION	

2-155-04R	AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST BE < ZERO WHEN		
	TYPE OF SUBMISSION =	A	ADJUSTMENT OR
		В	ADJUSTMENT TO NON-HCSR DATA OR

<sup>&</sup>lt;sup>1</sup> IF THE 'LESSER' COMPUTED AMOUNT IS NEGATIVE, AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST = \$0.00.

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LEIVIEINI IN	TAINE. ANOUNT FAID BY GOVERN		t Contractor (2-155) (Continued)			
		С	COMPLETE CANCELLATION OR			
		Е	CANCELLATION OF NON-HCSR DATA			
	AND					
	REASON FOR ADJUSTMENT =	D	ADJUSTMENT DUE TO NON-CONTRACTOR ERRO (NEGATIVE ADJUSTMENTS) <b>OR</b>			
		E	ADJUSTMENT DUE TO CONTRACTOR ERROR (NEGATIVE ADJUSTMENTS) <b>OR</b>			
		F	ADJUSTMENT DUE TO PRIOR CONTRACTOR ERROR (NEGATIVE ADJUSTMENTS)			
	AMOUNT PAID BY GOVERNME	ENT	CONTRACTOR MUST BE ≥ ZERO <b>WHEN</b>			
	TYPE OF SUBMISSION =	A	ADJUSTMENT OR			
		В	ADJUSTMENT TO NON-HCSR DATA			
	AND					
	REASON FOR ADJUSTMENT =	A	ADJUSTMENT DUE TO NON-CONTRACTOR ERRO (POSITIVE/STATISTICAL ADJUSTMENTS) <b>OR</b>			
		В	ADJUSTMENT DUE TO CONTRACTOR ERROR (POSITIVE/STATISTICAL ADJUSTMENTS) <b>OR</b>			
		С	ADJUSTMENT DUE TO PRIOR CONTRACTOR ERROR (POSITIVE/STATISTICAL ADJUSTMENTS)			
2-155-05R	EDIT FOR NO DISCOUNT NO OHIA	/TPI				
2-133-0310	IF AMOUNT ALLOWED BY OTHER HEALTH INSURANCE > ZERO OR AMOUNT OF THIRD PARTY LIABILITY > ZERO THEN BYPASS EDIT					
	ELSE  AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST BE LESS THAN OR EQUAL TO AMOUNT ALLOWED MINUS (PATIENT COPAYMENT PLUS PATIENT COINSURANCE PLUS AMOUNT APPLIED TOWARD DEDUCTIBLE PLUS AMOUNT OF PAYMENT REDUCTION) WHEN					
	TYPE OF SUBMISSION =	A	ADJUSTMENT OR			
		С	CANCELLATION OR			
		F	ADJUSTMENT TO NEW SUFFIX OR			
	<del></del>	I	INITIAL SUBMISSION OR			
		O	ZERO PAYMENT <b>OR</b>			
	-	R	RESUBMISSION OR ERROR REJECT			

ELEMENT N	AME:	AMOUNT PAID BY GOVERN	AMOUNT PAID BY GOVERNMENT CONTRACTOR (2-155) (CONTINUED)				
		ND ENROLLMENT 'ATUS =	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM OR			
			F	FI STANDARD PROGRAM OR			
			J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM OR			
			M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAI STANDARD PROGRAM OR			
	_		Q	NEW ORLEANS STANDARD PROGRAM OR			
	_		S	CRI STANDARD PROGRAM OR			
			Т	MANAGED CARE SUPPORT - STANDARD PROGRAM			
	A	ND SPECIAL RATE CODE =	ъ	NO SPECIAL RATE			
	ELSE Al BO	MOUNT PAID BY GOVERNM <mark>OTH (</mark> AMOUNT ALLOWED M	INU	CONTRACTOR MUST BE EQUAL TO OR LESS THAN S (PATIENT COPAYMENT PLUS PATIENT			
	C	OINSURANCE PLUS AMOUN AND (AMOUNT BILLED) W					
	T	PE OF SUBMISSION =	A	ADJUSTMENT OR			
			С	CANCELLATION OR			
			I	INITIAL SUBMISSION OR			
	_		R	RESUBMISSION OF ERROR REJECT OR			
	_		O	ZERO PAYMENT OR			
	_		F	ADJUSTMENT NEW SUFFIX			
2-155-08R	EDIT FOR STATE-DRG WITH DISCOUNTS, NO OHI/TPL. (ALLOW 1 <sup>c</sup> ROUNDING ERROR IN THIS EDIT.)						
	11112	· · · · · · · · · · · · · · · · · · ·					

<sup>&</sup>lt;sup>1</sup> IF THE 'LESSER' COMPUTED AMOUNT IS NEGATIVE, AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST = \$0.00.

LEMENT <b>N</b> AN	ME: AMOUNT PAID BY GOVERN	IMEN	t Contractor (2-155) (Continued)			
Т	THE AFTER DISCOUNT RATE =	A	96% FOR SPECIAL RATE CODE DRG 4% DISCOUNOR			
_		В	97% FOR SPECIAL RATE CODE DRG 3% DISCOUNOR			
_		С	98% FOR SPECIAL RATE CODE DRG 2% DISCOUNOR			
		Е	99% FOR SPECIAL RATE CODE DRG 1% DISCOUN			
	TIMES (AMOUNT ALLOWED MINUS [PATIENT COPAYMENT PLUS PATIENT COINSURANCE PLUS THE AMOUNT APPLIED TOWARD DEDUCTIBLE PLUS AMOUNT OF PAYMENT REDUCTION PLUS THE NON-DISCOUNTABLE PROFESSIONAL SERVICE WHEN					
_	TYPE OF SUBMISSION =	A	ADJUSTMENT OR			
-		С	CANCELLATION OR			
_		I	INITIAL SUBMISSION OR			
<del>-</del>		R	RESUBMISSION OF ERROR REJECT OR			
<del>-</del>		0	ZERO PAYMENT OR			
<del>-</del>		F	ADJUSTMENT NEW SUFFIX			
_	AND ENROLLMENT STATUS =	F	FI STANDARD PROGRAM OR			
		D	MANAGED CARE SUPPORT - TRICARE-TIDEWAT STANDARD PROGRAM OR			
-		J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM <mark>OR</mark>			
		M	MANAGED CARE SUPPORT - CALIFORNIA/HAW STANDARD PROGRAM <mark>OR</mark>			
_		T	MANAGED CARE SUPPORT - STANDARD PROGRAM OR			
		Q	NEW ORLEANS STANDARD PROGRAM OR			
		S	CRI STANDARD PROGRAM OR			
		Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD			
_	AMOUNT PAID BY OTHER HEALTH INSURANCE = ZERO; AMOUNT OF THIRD PARTY LIABILITY = ZERO;					
_	AND PROGRAM INDICATOR =	I	INSTITUTIONAL OR			
_		N	NON-INSTITUTIONAL OR			
_		D	DRUG OR			
<del>-</del>		T	DENTAL			
<del>-</del>	AND SPECIAL RATE CODE =	A	DRG 4% DISCOUNT OR			
-		В	DRG 3% DISCOUNT OR			

**CONTRACTOR MUST = \$0.00.** 

ELEMENT N	LEMENT NAME: AMOUNT PAID BY GOVERNMENT CONTRACTOR (2-155) (CONTINUED)			
		С	DRG 2% DISCOUNT OR	
		Е	DRG 1% DISCOUNT	
2-155-11R	IF ALL DETAIL OCCURRENCE AMOUNT PAID BY GOVERNM		ENIED NTRACTOR MUST BE = ZERO <b>WHEN</b>	
	TYPE OF SUBMISSION =	A	ADJUSTMENT OR	
		С	COMPLETE CANCELLATION OR	
		D	COMPLETE DENIAL OR	
		F	ADJUSTMENT NEW SUFFIX OR	
		I	INITIAL SUBMISSION OR	
		0	ZERO PAYMENT OR	
		R	RESUBMISSION OF ERROR REJECT	
	ELSE			
	TYPE OF SUBMISSION =	В	ADJUSTMENT NON-HCSR DATA OR	
		Е	CANCELLATION NON-HCSR DATA	
	THEN AMOUNT PAID I	BY GOVE	RNMENT CONTRACTOR MUST BE ≤ ZERO.	

<sup>&</sup>lt;sup>1</sup> IF THE 'LESSER' COMPUTED AMOUNT IS NEGATIVE, AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST = \$0.00.